



MICHIGAN PUBLIC SCHOOL EMPLOYEES RETIREMENT SYSTEM

MICHIGAN PUBLIC SCHOOL EMPLOYEES RETIREMENT SYSTEM has selected EyeMed as your vision wellness program effective 10/1/2008. This plan allows you to improve your health through a routine eye exam, while saving you money on your eye care purchases. The plan is available through thousands of provider locations participating on the EyeMed ACCESS network. To see a list of participating providers near you, log into EyeMed's member Web site by going to www.eyemedvisioncare.com and selecting Members. You can also call 1-866-263-1815.

Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam with Dilation as Necessary	\$10 Copay	Up to \$40
Frames	\$0 Copay, \$120 Allowance; 80% of balance over \$120	Up to \$23
Standard Plastic Lenses		
Single Vision	\$15 Copay	Up to \$16
Bifocal	\$15 Copay	Up to \$23
Trifocal	\$15 Copay	Up to \$27
Standard Progressive Lens	\$80 Copay	Up to \$23
Premium Progressive Scheduled****	\$106 - \$118	Up to \$23
Premium Progressive Other	\$80 Copay + (80% of charge) less \$115 allowance	Up to \$23
Lenticular	\$15 Copay	Up to \$75
Other Lens Types	80% of Charge	N/A
Lens Options (paid by the member and added to the base price of the lens)		
Tint (Solid and Gradient)	\$15	N/A
UV Coating	\$15	N/A
Standard Scratch-Resistance	\$15	N/A
Standard Polycarbonate (under 19)***	\$0	Up to \$5
Standard Polycarbonate (19+)	\$40	N/A
Standard Anti-Reflective	\$45	N/A
Premium Anti-Reflective		
Coating Scheduled****	\$57 - 68	N/A
Premium Anti-Reflective Coating Other	80% of Charge	N/A
Other Lens Options	80% of Charge	N/A
Contact Lenses (allowance covers materials only)		
Conventional	\$15 Copay, \$120 Allowance; 15% off balance over \$120	Up to \$35
Disposables	\$15 Copay, \$120 Allowance; balance over \$120	Up to \$35
Standard Fit and Follow-Up*	Up to \$55	N/A
Premium Fit and Follow-Up**	90% of Charge	N/A
Medically Necessary	\$0 Copay, Paid in Full	Up to \$96
Non-Scheduled Items		
Doctor Misc Material	80% of Charge	N/A
LASIK and PRK Vision Correction Procedures	15% off retail price OR 5% off promotional pricing	N/A
Low Vision Benefit		
Supplemental Testing	Covered in Full	Up to \$125
Low Vision Aids	25% Copay up to \$1000 allowance	25% Copay up to \$1000 allowance
Frequency		
Exam	Once every 24 months	
Frames	Once every 24 months	
Standard Plastic Lenses	Once every 24 months	
or Contact Lenses		

*See back page for additional purchases, out of pocket discount, and benefit details.



EyeMed

VISION CARE®

Additional Purchases and Out-of-Pocket Discount:

Member will receive a 20% discount on remaining balance at Participating Providers beyond plan coverage; the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses. Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Benefits are not provided for services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; Medical and/or surgical treatment of the eye, eyes or supporting structures; Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (non-prescription) lenses and/or contact lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; or Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order.

Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Discounts do not apply to certain brand name Vision Materials in which the manufacturer imposes a no-discount policy.

Benefits may not be combined with any discount, promotional offering, or other group benefit plans.

Standard/Premium Progressive Lens not covered - fund as a Bifocal Lens. Standard Progressive Lens covered - fund Premium Progressive as a Standard.

*Standard Contact Lens Fitting-spherical clear contact lenses in conventional wear and planned replacement (examples include but not limited to disposable, frequent replacement etc.)

**Premium Contact Lens Fitting-all lens designs, materials and specialty fittings other than Standard Contact Lenses (examples include toric, multifocal etc.)

***Standard Polycarbonate available at no charge to dependents <19 years of age. All other members pay a fixed charge of \$40.

****Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical director and are subject to change based on market conditions.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9059. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

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